FORENSIC MEDICAL REPORT: ACUTE (<120 HOURS) ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

CAL OES 2-923

For copies of this form or assistance in completing the Cal OES 2-923, please contact California Clinical Forensic Medical Training Center (916) 930-3080 or Contact Us @ www.ccfmtc.org
**A General Information**

<table>
<thead>
<tr>
<th>Name of Medical Facility</th>
<th>Location of Facility</th>
<th>Date of Birth / /</th>
<th>Age</th>
<th>BIOLOGICAL SEX</th>
<th>IDENTIFIED GENDER (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td>Female Male Transgender Female Male Transgender Male Gender Nonconforming</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS TYPE</th>
<th>Home</th>
<th>Friend</th>
<th>Shelter</th>
<th>Homeless</th>
<th>Decline to State</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>ETHNICITY (optional)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Declined</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY/County Where Crime Occurred</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City/County Where Crime Occurred</th>
<th>Officer's Signature</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Best contact</th>
<th>Safe call?</th>
<th>Best contact</th>
<th>Safe call?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe call?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**B Report and Authorization**

<table>
<thead>
<tr>
<th>ROLE Authorizing Officer</th>
<th>Role</th>
<th>Accompanying Patient Only</th>
<th>ROLE Authorizing Officer</th>
<th>Role</th>
<th>Accompanying Patient Only</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name of Officer</th>
<th>Badge Number</th>
<th>Agency</th>
<th>Case Number</th>
<th>Other Identifier/Courtesy Report</th>
<th>Office Telephone</th>
<th>City/County Where Crime Occurred</th>
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</table>

**C For Patients Not Accompanied by Law Enforcement Officer and Assault Is Not Known to Law Enforcement**

<table>
<thead>
<tr>
<th>N/A [Y] Patient was not accompanied by Law Enforcement</th>
<th>N/A [Y] Patient reported to Law Enforcement prior to arrival at facility</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone report made to Law Enforcement Agency</th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Authorization Date / /</th>
<th>Name of Mandated Reporter</th>
<th>Telephone</th>
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</table>

**D Patient Acknowledgment and Consent**

<table>
<thead>
<tr>
<th>SIGNING</th>
<th>Self</th>
<th>Guardian</th>
<th>Guardian Name</th>
<th>Relationship to the Patient</th>
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<table>
<thead>
<tr>
<th>Unable to Acknowledge, at this time</th>
<th>Unable to Consent or Decline, at this time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DUE TO</th>
<th>DUE TO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>I understand that a forensic medical exam documents the history of events, the physical findings, and the forensic evidence collected.</th>
<th>INITIALSES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>I understand that the forensic medical exam report form (Cal OES 2-923) will be given to law enforcement or other appropriate investigative agencies.</th>
<th>INITIALS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>I understand that only the forensic medical exam is conducted at public expense (no cost to patient). Medical expenses are not covered as part of the forensic exam.</th>
<th>INITIALS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>I understand that I may withdraw consent at any time and I can decline any portion of the examination.</th>
<th>INITIALS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I hereby consent to a Sexual Assault Forensic Medical Examination.</th>
<th>I Consent</th>
<th>I Decline</th>
<th>Signature</th>
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<tbody>
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</table>
**E Patient History**

### 1. PERSON PROVIDING HISTORY

- **Patient**
- **Patient with Interpreter**
  - **Language**
  - **Name of Interpreter**
  - **Contact Number**
- **Patient with Caregiver**
  - **Name of Caregiver**
  - **Contact Number**

The following questions can be answered at any time while the patient is being interviewed but must be completed before the Physical Exam portion of the form.

Total patient history (medical and assault) limited
- Yes [ ]
- No [ ]

Only patient assault history limited
- Yes [ ]
- No [ ]

Due to difficulty understanding questions
- Yes [ ]
- No [ ]

Due to unstable medical condition
- Yes [ ]
- No [ ]

Due to difficulty responding to questions
- Yes [ ]
- No [ ]

Due to drug or alcohol
- Yes [ ]
- No [ ]

Due to loss of awareness/memory
- Yes [ ]
- No [ ]
- Unsure [ ]

Unable to Answer
- Yes [ ]
- No [ ]
- Unsure [ ]

Unable To Answer
- Yes [ ]
- No [ ]
- Unsure [ ]

Unable to answer
- Yes [ ]
- No [ ]
- Unsure [ ]

Unsure
- Yes [ ]
- No [ ]
- Unsure [ ]

N/A
- Yes [ ]
- No [ ]
- Unsure [ ]

**2. PERTINENT MEDICAL HISTORY**

**Patient currently having menstrual bleeding?**
- Yes [ ]
- No [ ]
- Unsure [ ]
- Unable to answer [ ]
- N/A [ ]

**Irregular Periods**
- Yes [ ]
- No [ ]

**Spotting**
- Yes [ ]
- No [ ]

**Patient currently having any of the following genital problems?**
- Vaginal infections
  - Yes [ ]
  - No [ ]
  - N/A [ ]

**Currently being treated**
- Yes [ ]
- No [ ]

**Genital skin problems**
- Yes [ ]
- No [ ]

**Currently being treated**
- Yes [ ]
- No [ ]

**Patient currently having any of the following anal problems, unrelated to the assault?**
- Hemorrhoids
  - Yes [ ]
  - No [ ]

**Currently being treated**
- Yes [ ]
- No [ ]

**Anal fissures**
- Yes [ ]
- No [ ]

**Currently being treated**
- Yes [ ]
- No [ ]

**Anal pain or bleeding with bowel movements**
- Yes [ ]
- No [ ]

**Currently being treated**
- Yes [ ]
- No [ ]

**In the past 30 days has the patient had testing/treatment for an abnormal pap smear?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]
- N/A [ ]

**Has the patient had a pelvic exam in the past 7 days?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]
- N/A [ ]

**Date of pelvic exam**
- / [ ]

**Any genital surgeries in the past 30 days?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Any anal surgeries in the past 30 days?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**In the past 14 days has the patient had any genital injuries?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Previous Sexual Injury APPROXIMATE DATE**
- / [ ]

**Previous Non-sexual Injury APPROXIMATE DATE**
- / [ ]

**In the past 14 days has the patient had any anal injuries?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Previous Sexual Injury APPROXIMATE DATE**
- / [ ]

**Previous Non-sexual Injury APPROXIMATE DATE**
- / [ ]

**Does the patient have any of the following medical conditions?**
- Bleeding disorder
  - Yes [ ]
  - No [ ]
  - Unable to answer [ ]

**Chronic Pain**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Chronic Skin Conditions**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**ANATOMIC LIST:**
- HD - Head
- FA - Face
- PO - Perioral region
- NK - Neck
- LSH - Left shoulder
- RSH - Right shoulder
- LUE - Left upper extremity
- RUE - Right upper extremity
- WR - Wrist(s)
- HN - Hands(s)
- BK - Back
- CH - Chest
- BR - Breast(s)
- AB - Abdomen
- WT - Waist
- PV - Pelvis
- EGN - External genitalia
- BT - Buttock(s)
- PA - Perianal region
- LLE - Left lower extremity
- GB - General body

**3. PRE-EXISTING PHYSICAL INJURIES**

**List Injuries:**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Are any of the injuries documented above the result of a previous assault by the same assailant?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**List Injuries:**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Are any of the injuries documented above the result of a previous assault by a different assailant?**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**4. POST ASSAULT HYGIENE ACTIVITY**

**Since the assault, has the patient:**
- Unurinated
  - Yes [ ]
  - No [ ]
  - Unable to answer [ ]
- Wiped after urination?
  - Yes [ ]
  - No [ ]
  - Potential collection opportunity?
  - Yes [ ]
  - No [ ]
  - Location

**Defecated**
- Yes [ ]
- No [ ]
- Unable to answer [ ]
- Wiped after defecation?
  - Yes [ ]
  - No [ ]
  - Potential collection opportunity?
  - Yes [ ]
  - No [ ]
  - Location

**Wiped the anal/genital area other than after urination or defecation**
- Yes [ ]
- No [ ]
- Unable to answer [ ]
- Potential collection opportunity?
  - Yes [ ]
  - No [ ]
  - Location

**Showered**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Bathed (or other water immersion event)**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**Washed any body part**
- Yes [ ]
- No [ ]
- Unable to answer [ ]

**LIST MEDICATION(S)**

**Blood-thinners/anti-coagulants**
- Yes [ ]
- No [ ]
- Unable To Answer [ ]

**Steroids**
- Yes [ ]
- No [ ]
- Unable To Answer [ ]

**Prescription Pain Medication**
- Yes [ ]
- No [ ]
- Unable To Answer [ ]

**Over the Counter Medication**
- Yes [ ]
- No [ ]
- Unable To Answer [ ]

**LIST MEDICATION(S)**

**Bruses**
- Yes [ ]
- No [ ]

**Abrasions (Scratches)**
- Yes [ ]
- No [ ]

**Lacerations (Cuts)**
- Yes [ ]
- No [ ]

**Burns**
- Yes [ ]
- No [ ]

**Musculoskeletal Injuries (fractures/sprains/dislocations)**
- Yes [ ]
- No [ ]

**Approximate Date**
- / [ ]

**Location**
- See Anatomic List below

Cal OES 2-923 (v1.02 Feb 2018)
### E Patient History (Continued)

<table>
<thead>
<tr>
<th>Did the patient change their clothing?</th>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crime Scene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement already collected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brought to Exam by Patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taken by Assailant</td>
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<tr>
<td>Other</td>
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<tr>
<td>Bra</td>
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<tr>
<td>Dress</td>
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<tr>
<td>Underwear</td>
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<td></td>
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<tr>
<td>Shorts</td>
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<tr>
<td>Jacket</td>
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<tr>
<td>Shirt/Top</td>
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<td></td>
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<tr>
<td>Pants</td>
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<td></td>
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<tr>
<td>Socks</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skirt</td>
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<td></td>
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<tr>
<td>Shoes</td>
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<td></td>
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<tr>
<td>Other Clothing:</td>
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<td></td>
</tr>
<tr>
<td>Unsure</td>
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<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 5. PERTINENT PRE AND POST-ASSAULT RELATED ACTIVITY

#### Has the patient had any penile-anal penetration/contact within the past 5 days

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the anus/rectum?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Has the patient had any penile-anal penetration/contact within the past 24 hours

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
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<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Has the patient's mouth had any oral penetration/contact with the penis of another person within the past 24 hours?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the mouth?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Has the patient's mouth had any oral penetration/contact with another person within the past 24 hours?

<table>
<thead>
<tr>
<th>Yes</th>
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</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the mouth?</th>
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<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Has the patient had any penile-anal penetration/contact within the past 5 days

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the vagina?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Lack of Collection Opportunity

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
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<td></td>
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### Lack of Collection Opportunity

<table>
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<td></td>
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</table>

### Has the patient had any penile-anal penetration/contact within the past 5 days

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the anus/rectum?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Has the patient had any penile-anal penetration/contact within the past 24 hours

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the anus/rectum?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Has the patient had any penile-anal penetration/contact with the penis of another person within the past 24 hours?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the mouth?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Has the patient had any oral penetration/contact with another person within the past 24 hours?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unable to Answer</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### List all dates within this time period

<table>
<thead>
<tr>
<th>Did ejaculation occur inside the mouth?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a condom used during ejaculation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Any voluntary alcohol use:

- Within 24 hours prior to the assault
  - Yes | No | Unable to Answer | Patient Declined |
- Between the time of the assault and the exam
  - Yes | No | Unable to Answer | Patient Declined |

### Any voluntary prescription medication use:

- (including prescription medication not prescribed for patient)
  - Within 5 days prior to the assault
    - Yes | No | Unable to Answer | Patient Declined |

### List Medications

- Between the time of the assault and the exam
  - Yes | No | Unable to Answer | Patient Declined |

### Any voluntary recreational drug use:

- (including prescription medication not prescribed for patient)
  - Within 5 days prior to the assault
    - Yes | No | Unable to Answer | Patient Declined |

### List Drugs

- Between the time of the assault and the exam
  - Yes | No | Unable to Answer | Patient Declined |
### Patient History (Continued)

#### 6. Assault Related History

Was there ever a period of time during which the patient may not be aware?  
- Yes  
- No  
- Unable to Answer  
- Unsure

What best describes the patient’s loss of awareness during the period of time that was unclear? (choose answer that best applies)  
- Single block of time of memory loss  
- Memory fragments only  
- Multiple blocks of time of memory loss  
- Remembers all events clearly after awakening  
- Remembers most events but details unclear

Non-consensual Drug/Alcohol Use:  
- Yes  
- No  
- Unable to Answer  
- Unsure

Was the patient forced to ingest alcohol?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Does the patient suspect unintentional ingestion of alcohol?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Describe patient’s symptoms  

Was the patient forced to ingest drugs?  
- Yes  
- No  
- Unable to Answer  
- Unsure

List forced drugs

Does the patient suspect unintentional ingestion of drugs?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Describe patient’s symptoms

Was there a loss of awareness due to head injury?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Was the patient medically evaluated for head injury?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Was there a loss of awareness due to strangulation?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Was the patient medically evaluated for strangulation?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Was there a loss of awareness due to suffocation?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Was the patient medically evaluated for suffocation?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Was there a loss of awareness due to any of the following?  
- Yes  
- No  
- Unable to Answer  
- Unsure

Check all that apply:  
- Voluntary alcohol use  
- Forced/coerced alcohol use  
- Voluntary drug use  
- Forced/coerced drug use  
- Suspected or possible involuntary drug use  
- Unexplained

**ANATOMIC LIST:**  
- RD - Head  
- FA - Face  
- PO - Perioral region  
- NK - Neck  
- LSH - Left shoulder  
- RSH - Right shoulder  
- LUE - Left upper extremity  
- RUE - Right upper extremity  
- WR - Wrist(s)  
- HN - Hand(s)  
- BR - Breast(s)  
- AB - Abdomen  
- WT - Waist  
- PV - Pelvis  
- EGN - External genitalia  
- BT - Buttock(s)  
- PA - Perianal region  
- RLE - Right lower extremity  
- LLE - Left lower extremity  
- GB - General body

---

**End of Section**
### F Assault History

**Approximate date of assault beginning / /**

**Approximate date of assault ending / /**

**Approximate Time**

The above dates and times are the approximate known duration of the assault.

The above dates and times are a time frame during which an assault could have occurred.

### PATIENT IDENTIFICATION

- **Was a weapon involved in any of the following ways:**
  - **Yes**
  - **No**
  - **Unable to Answer**

<table>
<thead>
<tr>
<th>Weapon</th>
<th>Anatomic Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incised Wound</td>
<td></td>
</tr>
<tr>
<td>Burn</td>
<td></td>
</tr>
<tr>
<td>Direct Blow</td>
<td></td>
</tr>
<tr>
<td>Gun Shot Wound</td>
<td></td>
</tr>
</tbody>
</table>

**Any injuries inflicted by a weapon?**

- **Yes**
- **No**
- **Unable to Answer**

### PERTINENT PHYSICAL SURROUNDINGS OR CONTACT WITH SCENE OF ASSAULT

(choose all that best describe the surrounding)

- Bedroom
- Bathroom
- Interior
- Exterior Surface
- Outdoors
- Indoors

**Patient standing**

**Patient kneeling**

**Patient lying down**

**Patient home**

**Assailant home**

**Other home**

**Patient car**

**Assailant car**

**Other car**

**Motel/hotel**

**Other location**

**Bed**

**Couch**

**Floor**

**Hard surface**

**Soft surface**

**Rough surface**

**Wet surface**

**Grassy surface**

**Sandy/dirty surface**

**Gravel**

**Surface with vegetation**

**Asphalt/concrete**

### How many assailants were involved in the assault?

**Gender:**

**Relationship to patient:**

**Assailant Name, if known:**

**List Assailant Descriptors:**

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>Relationship to patient:</td>
<td>Assailant Name, if known:</td>
<td>List Assailant Descriptors:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note to Examiner:** Descriptors are only to assist in distinguishing multiple assailants. You must use a different descriptor (or combination of descriptors) for each assailant.

### Was the patient threatened in any of the following ways?

- **Yes**
- **No**
- **Unable to Answer**

**Any weapon shown to the patient?**

- **Yes**
- **No**
- **Unable to Answer**

### Any weapon mentioned but not shown?

- **Yes**
- **No**
- **Unable to Answer**

### Any weapon believed to be accessible?

- **Yes**
- **No**
- **Unable to Answer**

### Were there any physical blows?

- **Yes**
- **No**
- **Unable to Answer**

**Type**

- **Punch**
- **Slap**
- **Back-handed blow**
- **Open handed blow**
- **Kneed**
- **Kicked**
- **Elbowed**
- **Head butted**
- **Pushed/shoved/thrown**

**Did the patient’s body forcefully strike another surface?**

- **Yes**
- **No**
- **Unable to Answer**

**Surface**

- **Wall**
- **Floor/ground**
- **Furniture/fixtures**
- **Door**
- **Vehicle**
- **Other:**

### Were there any non-verbal threats?

- **Yes**
- **No**
- **Unable to Answer**

- **Physical gesture(s)**
- **Menacing look**
- **Intimidation by size of assailant**
- **Intimidation by previous assailant behavior**
- **Intimidation by location (patient may have felt frightened by the location/isolation of the assault)**

**ANATOMIC LIST:**

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- **PD** - Perioral region
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- **LLE** - Left lower extremity
- **GB** - General body

### Cal OES 2-923 (v1.02 Feb 2018)

**Cal OES 2-923 (v1.02 Feb 2018)**

**Patient Identification**

- **Yes**
- **No**
- **Unable to Answer**

**Unable to answer**

**Do the patient's body forcefully strike another surface?**

- **Wall**
- **Vehicle**
- **Door**
- **Floor/ground**
- **Other:**

**Furniture/fixture**

**Surface Anatomic Location**

- Held down by assailant's body weight
- Grabbed/pulled hair
- Grabbed/held other body part

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**Cal OES 2-923 (v1.02 Feb 2018)**

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F Assault History (Continued)

Was the patient tied or bound?  Yes  No  Unable to Answer

<table>
<thead>
<tr>
<th>Type</th>
<th>Wrist</th>
<th>Ankles</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tape</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rope</td>
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<td></td>
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<tr>
<td>Cloth</td>
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<td></td>
</tr>
<tr>
<td>Cord</td>
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<td></td>
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<tr>
<td>Handcuffs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Belt</td>
<td></td>
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<td></td>
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<tr>
<td>Zipties</td>
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<td></td>
<td></td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

Was the patient's mouth covered or gagged?  Yes  No  Unable to Answer

<table>
<thead>
<tr>
<th>Tape</th>
<th>Cloth</th>
<th>Assailant's Hand</th>
<th>Other:</th>
</tr>
</thead>
</table>

Was the patient blindfolded?  Yes  No  Unable to Answer

<table>
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<tr>
<th>Tape</th>
<th>Cloth</th>
<th>Assailant's Hand</th>
<th>Other:</th>
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Was the patient strangled?  Yes  No  Unable to Answer

Was the patient medically evaluated?  Yes  No  Unable to Answer

What was the method of strangulation?  (Check all that apply)

- One Hand
  - Left
  - Right
  - Unknown
- Both Hands
  - Choke hold
    (assailant behind patient with his arm bent around front of patient's neck)
- Other:  

What was the assailant's position?

- Assailant in front of patient
- Assailant behind patient

Did the patient have or is the patient currently experiencing any of the following symptoms?  (Check all that apply)

- Neck pain
- Difficulty breathing
- Hoarse voice
- Painful or difficult swallowing
- Loss of bowel control
- Loss of bladder control

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End of Section
<table>
<thead>
<tr>
<th>Attempted:</th>
<th>Unsure:</th>
<th>Sexual Acts Described by the Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>U1</td>
<td>Assailant penis not fully erect</td>
</tr>
<tr>
<td>A2</td>
<td>U2</td>
<td>Patient's movement interferes with act</td>
</tr>
<tr>
<td>A3</td>
<td>U3</td>
<td>Patient pushed assailant away</td>
</tr>
<tr>
<td>A4</td>
<td>U4</td>
<td>Sexual act interrupted</td>
</tr>
<tr>
<td>A5</td>
<td>U5</td>
<td>Patient negotiated an alternative</td>
</tr>
<tr>
<td>A6</td>
<td></td>
<td>Opening too constricted</td>
</tr>
</tbody>
</table>

**Was there penetration of the vagina by the assailant's penis?**
- Yes
- No
- Attempted
- Unsure

**Was there penetration of the vagina by the assailant's finger(s)?**
- Yes
- No
- Attempted
- Unsure

**Was there penetration of the vagina by a foreign object?**
- Yes
- No
- Attempted
- Unsure

**Was there penetration of the anus by the assailant's penis?**
- Yes
- No
- Attempted
- Unsure

**Was there penetration of the anus by the assailant's finger(s)?**
- Yes
- No
- Attempted
- Unsure

**Was there penetration of the anus by a foreign object?**
- Yes
- No
- Attempted
- Unsure

**Was the assailant's mouth in contact with the patient's genitalia?**
- Yes
- No
- Attempted
- Unsure

**Was the patient's mouth in contact with the assailant's genitalia?**
- Yes
- No
- Attempted
- Unsure

**Was the patient's mouth in contact with the assailant's anus?**
- Yes
- No
- Attempted
- Unsure

**Was the assailant's penis in contact (no penetration) with any part of the patient's body?**
- Yes
- No
- Attempted
- Unsure

**Did ejaculation occur?**
- Yes
- No
- Attempted
- Unsure

**Was lubrication used?**
- Yes
- No
- Attempted
- Unsure

**Were any barriers used?**
- Yes
- No
- Attempted
- Unsure

**Were there any other sexual acts that occurred not documented above?**
- Yes
- No
- Unable to Answer

**Identify assailant(s):**
- Other: __________
### General Physical Exam

**Facility Arrival**  
/ /  
**Exam Started**  
/ /  
**Time**  

#### Exam delay greater than 2 hours due to  
(check all that apply)  
- Delay in obtaining examiner  
- Multiple patients requiring exams  
- Patient initially unable to consent to forensic exam  
- Delay in Law Enforcement authorization  

#### PATIENT IDENTIFICATION

**Describe general appearance of patient upon first contact with examiner**  
(check any descriptors that apply)  
- Alert  
- Quiet  
- Rapid speech  
- Soft-spoken  
- Co-operative  
- Disheveled  
- Partially dressed  
- Obvious visible injuries  
- In spinal precautions  
- Alcohol-like odor on patient  
- Slurred speech  

- No slurred speech  
- Altered gait  
- No altered gait  
- Drowsy  
- Eyes reddened and puffy  
- Tearful  
- Crying  
- Trembling/shaking  
- Demonstrating or vocalizing pain complaints  
- Variable historian  
- Wheelchair, walker assistance  

#### Accompanied by (check all that apply)  
- CPS worker  
- Law Enforcement/Correctional Officer(s)  
- Social worker  
- Caregiver  
- Advocate  
- Friend  
- Relative  
- Other Support Person  

<table>
<thead>
<tr>
<th>Clothing</th>
<th>Tears/ Stains/ Debris (legend)</th>
<th>Wet</th>
<th>Dry</th>
<th>Assault Related</th>
<th>Not Assault Related</th>
<th>Unsure</th>
</tr>
</thead>
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#### NOTE CONDITION OF CLOTHING UPON ARRIVAL:

- Was the patient un-cooperative?  
- Was the patient unconscious?  

#### Table of Tears/Stains/Debris

<table>
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<tr>
<th>Legend</th>
<th>Possible blood stain</th>
<th>Possible semen stain</th>
<th>Possible grass stain</th>
<th>Possible mud/dirt stain</th>
<th>Possible vomitus stain</th>
<th>Possible food stain</th>
<th>Possible dried vegetation</th>
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End of Section
# Head, Neck and Oral Examination

Was blind sampling performed?  
- **N/A**  
- **Yes**  

**PATIENT IDENTIFICATION**

<table>
<thead>
<tr>
<th>Diagram A</th>
<th>Diagram B</th>
<th>Diagram C</th>
<th>Diagram D</th>
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<tr>
<td>![Diagram A]</td>
<td>![Diagram B]</td>
<td>![Diagram C]</td>
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## LEGEND: TYPES OF FINDINGS

- **AB**: Abrasion
- **ALS**: Alternate Light Source
- **BI**: Bite Mark
- **BU**: Burn
- **DS**: Dry Secretion
- **EC**: Ecthymosis (bruise)
- **ER**: Erythema (redness)
- **F/H**: Fiber/Hair
- **FB**: Foreign Body
- **IN**: Induration
- **IW**: Incised Wound
- **LA**: Laceration
- **M/H**: Micro-hemorrhage/ Micro-hematoma
- **MS**: Moist Secretion
- **OF**: Other Foreign Material
- **OI**: Other Injury
- **PCD**: Potential Contact DNA
- **PE**: Petechiae
- **PSA**: Possible saliva per history
- **PSE**: Possible semen per history
- **PSI**: Possible suction injury
- **SH**: Subconjunctival Hemorrhage/Hematoma
- **SW**: Swelling (will usually be selected along with other legend type)
- **TB**: Toluidine Blue (female genital exam only)
- **TE**: Tenderness with no other findings
- **V/S**: Possible vegetation/soil/sand

### DESCRIPTIONS

- **SIZE OF AREA OR OBJECT**
  - 0-5mm
  - 5-9mm
  - 1-2 cm
  - 2-4 cm
  - 4-10 cm
  - >10 cm

- **COLOR**
  - Red
  - Blue
  - Purple
  - Green
  - Yellow
  - Pink
  - White
  - Black
  - Gray
  - Brown
  - Orange
  - Clear
  - Pink
  - Black
  - Orange
  - Clear

- **SHAPE**
  - Round
  - Oval
  - Linear
  - Irregular
  - Crescent
  - Stellate
  - Band-like or circumferential
  - I.e. ligature mark
  - Pattern-like
  - I.e. repetitive, geometric, etc.

- **NUMBER**
  - 1 (single finding)
  - 2-4 (cluster)
  - 5-10 (cluster)
  - >10 (cluster)

- **Tender Crusted Oozing**
### Head, Neck and Oral Examination (Continued)

**PATIENT IDENTIFICATION**

**Diagram E**

**Diagram F**

**Diagram G**

<table>
<thead>
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<th>Locator #</th>
<th>Type</th>
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<td></td>
</tr>
</tbody>
</table>

**Legend: Types of Findings**

| AB  | Abrasion     |
| ALS | Alternate Light Source |
| BI  | Bite Mark    |
| BU  | Burn         |
| DS  | Dry Secretion|
| EC  | Ecthymosis (bruise) |
| ER  | Erythema (redness) |
| F/H | Fiber/Hair   |
| FB  | Foreign Body |
| IN  | Induration   |
| IW  | Incised Wound|
| LA  | Laceration   |
| M/H | Micro-hemorrhage/ Micro-hematoma |
| MS  | Moist Secretion |
| OF  | Other Foreign Material |
| OI  | Other Injury  |
| PCD | Potential Contact DNA |
| PE  | Petechiae    |
| PSA | Possible saliva per history |
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| PSI | Possible suction injury |
| SH  | Subconjuctival Hemorrhage/Hematoma |
| SW  | Swelling (will usually be selected along with other legend type) |
| TB  | Toluidine Blue (female genital exam only) |
| TE  | Tenderness with no other findings |
| V/S | Possible vegetation/soil/sand |

**Descriptions**

<table>
<thead>
<tr>
<th>Size of Area or Object</th>
<th>Color</th>
<th>Shape</th>
<th>Number</th>
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<tbody>
<tr>
<td>0-5mm</td>
<td>Red</td>
<td>Round</td>
<td>1 (single finding)</td>
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<tr>
<td>5-9mm</td>
<td>Blue</td>
<td>Oval</td>
<td>2-4 (cluster)</td>
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<tr>
<td>1-2 cm</td>
<td>Green</td>
<td>Linear</td>
<td>&gt;10 (cluster)</td>
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<tr>
<td>2-4 cm</td>
<td>White</td>
<td>Irregular</td>
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<tr>
<td>4-10 cm</td>
<td>Black</td>
<td>Crescet</td>
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<tr>
<td>&gt;10 cm</td>
<td>Orange</td>
<td>Pattern-like</td>
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</table>

**Tender**

**Crusted**

**Oozing**

**Round**

**Linear**

**Irregular**

**Crescent**

**Stellate**

**Band-like or circumferential**

(i.e. ligature mark)

**Pattern-like**

(i.e. repetitive, geometric, etc.)

**NUMBER**

1 (single finding) | 2-4 (cluster) | >10 (cluster)
### PATIENT IDENTIFICATION

#### BODY EXAMINATION

**Was blind sampling performed?**  
- [ ] N/A  
- [ ] Yes

**Right Breast**  
- [ ]

**Left Breast**  
- [ ]

#### DIAGRAMS

**DIAGRAM H**  
- PATIENT IDENTIFICATION

**DIAGRAM I**  
- PATIENT IDENTIFICATION

**DIAGRAM J**  
- PATIENT IDENTIFICATION

**DIAGRAM K**  
- PATIENT IDENTIFICATION

#### LEGEND: TYPES OF FINDINGS

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- **SH**: Subconjunctival Hemorrhage/Hematoma
- **SW**: Swelling (will usually be selected along with other legend type)
- **TB**: Toluidine Blue (female genital exam only)
- **TE**: Tenderness with no other findings
- **V/S**: Possible vegetation/soil/sand

#### DESCRIPTIONS

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<th>Size of Area or Object</th>
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<td>2-4 cm</td>
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<td>4-10 cm</td>
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<td>Brown</td>
<td>Crescents</td>
<td>i.e. ligature mark</td>
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<tr>
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<td>Gray</td>
<td>Pattern-like</td>
<td>i.e. repetitive, geometric, etc.</td>
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<td>(cluster)</td>
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<tr>
<td>5-10</td>
<td>(cluster)</td>
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Cal OES 2-923 (v1.02 Feb 2018)
### PATIENT IDENTIFICATION

**DIAGRAM L**

**DIAGRAM M**

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**LEGEND: TYPES OF FINDINGS**

- **AB** Abrasion
- **ALS** Alternate Light Source
- **BI** Bite Mark
- **BU** Burn
- **DS** Dry Secretion
- **EC** Ecthymosis (bruise)
- **ER** Erythema (redness)
- **F/H** Fiber/Hair
- **FB** Foreign Body
- **IN** Induration
- **IW** Incised Wound
- **LA** Laceration
- **M/H** Micro-hemorrhage/Micro-hematoma
- **MS** Moist Secretion
- **OF** Other Foreign Material
- **OI** Other Injury
- **PCD** Potential Contact DNA
- **PE** Petechiae
- **PSA** Possible saliva per history
- **PSE** Possible semen per history
- **PSI** Possible suction injury
- **SH** Subconjunctival Hemorrhage/Hematoma
- **SW** Swelling (will usually be selected along with other legend type)
- **TB** Toluidine Blue (female genital exam only)
- **TE** Tenderness with no other findings
- **V/S** Possible vegetation/soil/sand

**DESCRIPTIONS**

- **SIZE OF AREA OR OBJECT**
  - 0-5mm
  - 5-9mm
  - 1-2 cm
  - 2-4 cm
  - 4-10 cm
  - >10 cm

- **COLOR**
  - Red
  - Blue
  - Purple
  - Green
  - Yellow
  - Pink
  - White
  - Black
  - Gray
  - Brown
  - Orange
  - Clear

- **SHAPE**
  - Round
  - Oval
  - Linear
  - Irregular
  - Crescent
  - Stellate
  - Band-like or circumferential i.e. ligature mark
  - Pattern-like i.e. repetitive, geometric, etc.

- **NUMBER**
  - 1 (single finding)
  - 2-4 (cluster)
  - 5-10 (cluster)
  - >10 (cluster)

- **Tender**
  - Crusted
  - Oozing
Genital Examination - Females

Speculum exam: Yes
KY Jelly Used?: Yes
Lidocaine Jelly Used?: Yes

Apparent Menstrual Bleeding: Yes

LEGEND: TYPES OF FINDINGS

- AB: Abrasion
- ALS: Alternate Light Source
- BI: Bite Mark
- BU: Burn
- DS: Dry Secretion
- EC: Ecchymosis (bruise)
- ER: Erythema (redness)
- F/H: Fiber/Hair
- FB: Foreign Body
- IN: Induration
- IW: Incised Wound
- LA: Laceration
- M/H: Micro-hemorrhage/ Micro-hematoma
- MS: Moist Secretion
- OF: Other Foreign Material
- OI: Other Injury
- PCD: Potential Contact DNA
- PE: Petechiae
- PSA: Possible saliva per history
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- SH: Subconjunctival Hemorrhage/Hematoma
- SW: Swelling (will usually be selected along with other legend type)
- TB: Toluidine Blue (female genital exam only)
- TE: Tenderness with no other findings
- V/S: Possible vegetation/soil/sand

DESCRIPTIONS

- SIZE OF AREA OR OBJECT:
  - 0-5mm
  - 5-9mm
  - 1-2 cm
  - 2-4 cm
  - 4-10 cm
  - >10 cm

- COLOR:
  - Red
  - Blue
  - Purple
  - Green
  - Yellow
  - Pink
  - White
  - Black
  - Gray
  - Brown
  - Orange
  - Clear

- SHAPE:
  - Round
  - Oval
  - Linear
  - Irregular
  - Crescent
  - Stellate

- Band-like or circumferential
  - i.e. ligature mark

- Pattern-like
  - i.e. repetitive, geometric, etc.

- NUMBER:
  - 1 (single finding)
  - 2-4 (cluster)
  - 5-10 (cluster)
  - >10 (cluster)

- Tender
  - Crusted
  - Oozing
# Genital Examination - Males

**LOCATION**

- [ ] Circumcised Yes
  - [ ] No

**DIAGRAM S**

**DIAGRAM T**

**DIAGRAM U**

### PATIENT IDENTIFICATION

- [ ] N/A - Female Patient
- [ ] N/A per history
- [ ] Patient Declined

### LEGEND: TYPES OF FINDINGS

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<td>Bite Mark</td>
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<tr>
<td>Bu</td>
<td>Burn</td>
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<td>Ds</td>
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<td>OF</td>
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<td>OI</td>
<td>Other Injury</td>
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<td>PSE</td>
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<tr>
<td>SW</td>
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<tr>
<td>TB</td>
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<tr>
<td>TE</td>
<td>Tenderness with no other findings</td>
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</tr>
<tr>
<td>V/S</td>
<td>Possible vegetation/soil/sand</td>
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### DESCRIPTIONS

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<th>COLOR</th>
<th>SHAPE</th>
<th>NUMBER</th>
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<tr>
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<td>Round Oval Linear</td>
<td>1 (single finding)</td>
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<tr>
<td>0-9 mm</td>
<td>Green Yellow Pink</td>
<td>Linear</td>
<td>2-4 (cluster)</td>
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<tr>
<td>1-2 cm</td>
<td>White Black Gray</td>
<td>Irregular Crescent Stellate</td>
<td>5-10 (cluster)</td>
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<td>&gt;10 cm</td>
<td>Brown Orange Clear</td>
<td>Pattern-like i.e. repetitive, geometric, etc.</td>
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<tr>
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<td></td>
<td>Tender Crusted Oozing</td>
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</tr>
</tbody>
</table>

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Col OES 2-923 (v1.02 Feb 2018)
**Anal Exam - Male And Female**  
- N/A per history  
- Patient Declined

### Anal Exam

**DIAGRAM Q**

### EXAM POSITION USED FOR PHOTOGRAPHING ANAL-RECTAL FINDINGS
- Supine
- Prone
- Right Lateral Decubitus
- Left Lateral Decubitus
- Knee to Chest
- Patient Declined

#### Apparent Anal Bleeding
- Yes
- No

#### Anoscopic exam
- Yes
- Not Indicated
- Patient Declined
- Patient Unable to Tolerate

#### KY Jelly Used?
- Yes
- No

#### Lidocaine Jelly Used?
- Yes
- No

#### Was blind sampling performed?
- Yes
- No

#### EXAM POSITION USED FOR PHOTOGRAPHING ANAL-RECTAL FINDINGS
- Supine
- Prone
- Right Lateral Decubitus
- Left Lateral Decubitus
- Knee to Chest
- Patient Declined

#### Apparent Anal Bleeding
- Yes
- No

#### Anoscopic exam
- Yes
- Not Indicated
- Patient Declined
- Patient Unable to Tolerate

#### KY Jelly Used?
- Yes
- No

#### Lidocaine Jelly Used?
- Yes
- No

#### Was blind sampling performed?
- Yes
- No

#### Was blind sampling performed?
- Yes
- No

### DIAGRAM W

#### Anterior

#### Posterol

### LEGEND: TYPES OF FINDINGS

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- **SW**: Swelling (will usually be selected along with other legend type)
- **TB**: Toluidine Blue (female genital exam only)
- **TE**: Tenderness with no other findings
- **V/S**: Possible vegetation/soil/sand

### DESCRIPTIONS

#### SIZE OF AREA OR OBJECT
- 0-5mm
- 5-9mm
- 1-2 cm
- 2-4 cm
- 4-10 cm
- >10 cm

#### COLOR
- Red
- Blue
- Purple
- Green
- Yellow
- Pink
- White
- Black
- Gray
- Brown
- Orange
- Clear

### SHAPE
- Round
- Oval
- Linear
- Irregular
- Crescent
- Stellate

### Band-like or circumferential
- i.e. ligature mark

### Pattern-like
- i.e. repetitive, geometric, etc.

#### NUMBER
- 1 (single finding)
- 2-4 (cluster)
- 5-10 (cluster)
- >10 (cluster)

### TENDER CRUSTED Oozing
### Evidence Kit (Oral/Genital/Anal/Rectal) and Rapid Turnaround DNA Program Kit Samples

#### Patient Identification

**Evidence Kit (Oral/Genital/Anal/Rectal)**
- **Foreign Materials Collected**
  - Swabs potential saliva
  - Swabs potential semen
  - Potential Touch DNA Swabs
  - Swabs Alternate Light Source +
  - Blind Sampling per protocol
  - Dried secretions
  - Moist secretions
  - Possible hair or fiber
  - Fingernail scrapings or cuttings
  - Fingernail swabblings
  - Matted hair cuttings
  - Pubic hair combing or brushing
  - Possible soil, sand or debris
  - Possible Vegetation

**Intravaginal Feminine Hygiene Product**
- Tampon
- Condom
- Diaphragm
- Sponge
- Plastic Bag
- Other

---

#### Clothing placed in evidence kit (check all that apply)
- Underwear
- Pantyhose
- Shorts
- Leggings
- None

#### Other clothing placed in bag
- Bra
- Skirt
- Dress
- Underwear
- Shirt/top
- Pants
- Shorts
- Jacket
- Socks
- Pantyhose
- Shoes
- Other
- None

#### Collecting Foreign Material

<table>
<thead>
<tr>
<th>Evidence Kit</th>
<th>Oral swabs</th>
<th>Perioral swabs</th>
<th>Vaginal swabs</th>
<th>Vaginal dry mount slides</th>
<th>Cervical swabs</th>
<th>Perianal swabs</th>
<th>Internal rectal swabs</th>
<th>Penile swabs</th>
<th>Scrotal swabs</th>
<th>External genitalia swabs</th>
<th>Buccal swab reference</th>
<th>Body swabs</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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#### Anatomic List:
- **HD - Head**
- **FA - Face**
- **PO - Perioral region**
- **NK - Neck**
- **LSH - Left shoulder**
- **RSH - Right shoulder**
- **LUE - Left upper extremity**
- **RUE - Right upper extremity**
- **WR - Wrist(s)**
- **HN - Hands(s)**
- **BR - Breast(s)**
- **AB - Abdomen**
- **BK - Back**
- **WT - Waist**
- **CH - Chest**
- **PV - Pelvis**
- **EGN - External genitalia**
- **BT - Buttock(s)**
- **PA - Perianal region**
- **RLE - Right lower extremity**
- **GB - General body**

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## PATIENT IDENTIFICATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Indicated (&gt; 24 hrs)</th>
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<td>Blood alcohol sample</td>
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<tr>
<td>Urine toxicology</td>
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<tr>
<td>Date</td>
<td></td>
<td></td>
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<td>Date</td>
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## DNA and Other Reference Samples

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<td>Buccal sample</td>
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<td>Blood (Lavender Tube)</td>
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<tr>
<td>Blood Card</td>
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<td>Nasal Swabs</td>
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## Photo Documentation Methods

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<td>Extra Genital (body)</td>
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## Record Exam Enhancement Methods

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## Exam Findings

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<tr>
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## Signature of Officer Receiving Evidence

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<thead>
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<tr>
<td>Hair Reference Samples</td>
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<td>Head Hair Reference Samples</td>
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<tr>
<td>Pubic Hair Reference Samples</td>
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<td>Sexual Assault Evidence Kit</td>
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<tr>
<td>Clothing (item(s) not placed in evidence kit)</td>
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<td>Reference DNA Samples</td>
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<td>Urine Toxicology/Blood Alcohol Samples</td>
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## Evidence Distribution

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## Complete Form

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<th>Time</th>
<th>Exam process interrupted?</th>
<th>Medical evaluation</th>
<th>Law Enforcement Investigation</th>
<th>Patient failed to complete exam</th>
<th>Reason patient failed to complete exam:</th>
<th>Yes</th>
<th>No</th>
<th>Patient Admitted to Hospital</th>
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## PERSONNEL INVOLVED

<table>
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